

**Applicant Review Panel**  
Application Review and Quality Control Sheet

Applicant Name: <u>Dale Evelyn Burton</u>			
Date Received: <u>1/22/13</u>		Applicant Number: <u>5004</u>	
<b>Recommended Applicant Pool Status:</b>		<b>Final Applicant Pool Status:</b>	
<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Removed	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Removed

**REQUIREMENTS:**

1. Was the application received before the submission deadline? ☒ Yes ☐ No

*If NO, list time/date application was received: \_\_\_\_\_*

2. Is the application complete? ☒ Yes ☐ No

*If NO, list the item(s) that need to be completed: \_\_\_\_\_*

3. Indicate how the applicant responded to the following questions:

A. Reside in the City of Austin? ☒ Yes ☐ No

B. Currently licensed CPA by the TSBPA? ☐ Yes ☒ No

*If YES, list the license number: \_\_\_\_\_*

i. Was the license number verified against TSBPA data? ☐ Yes ☐ No

C. Has at least 5 years of auditing experience? ☒ Yes ☐ No

*If YES:*

i. Did the applicant list at least 5 years of audit experience? ☐ Yes ☒ No

❖ **Follow-up needed related to REQUIREMENTS?** ☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition: \_\_\_\_\_*

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**CONFLICTS OF INTEREST:**

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

**CONSISTENCY:**

5. Are applicant answers consistent?

☐ Yes ☒ No

If NO, indicate which answer(s):

Answered "Yes" to Q3- Audit experience  
Did not provide proof of experience

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

Applicant is not an active CPA, therefore, audit experience  
is a moot point.

Application Reviewed By: <u>BL</u>	Review Date: <u>2/5/13</u>
Quality Control Review By: <u>PHL</u>	QC Review Date: <u>2/6/13</u>
Follow-up Contact(s) Reviewed By: <u>NIA</u>	Date: _____